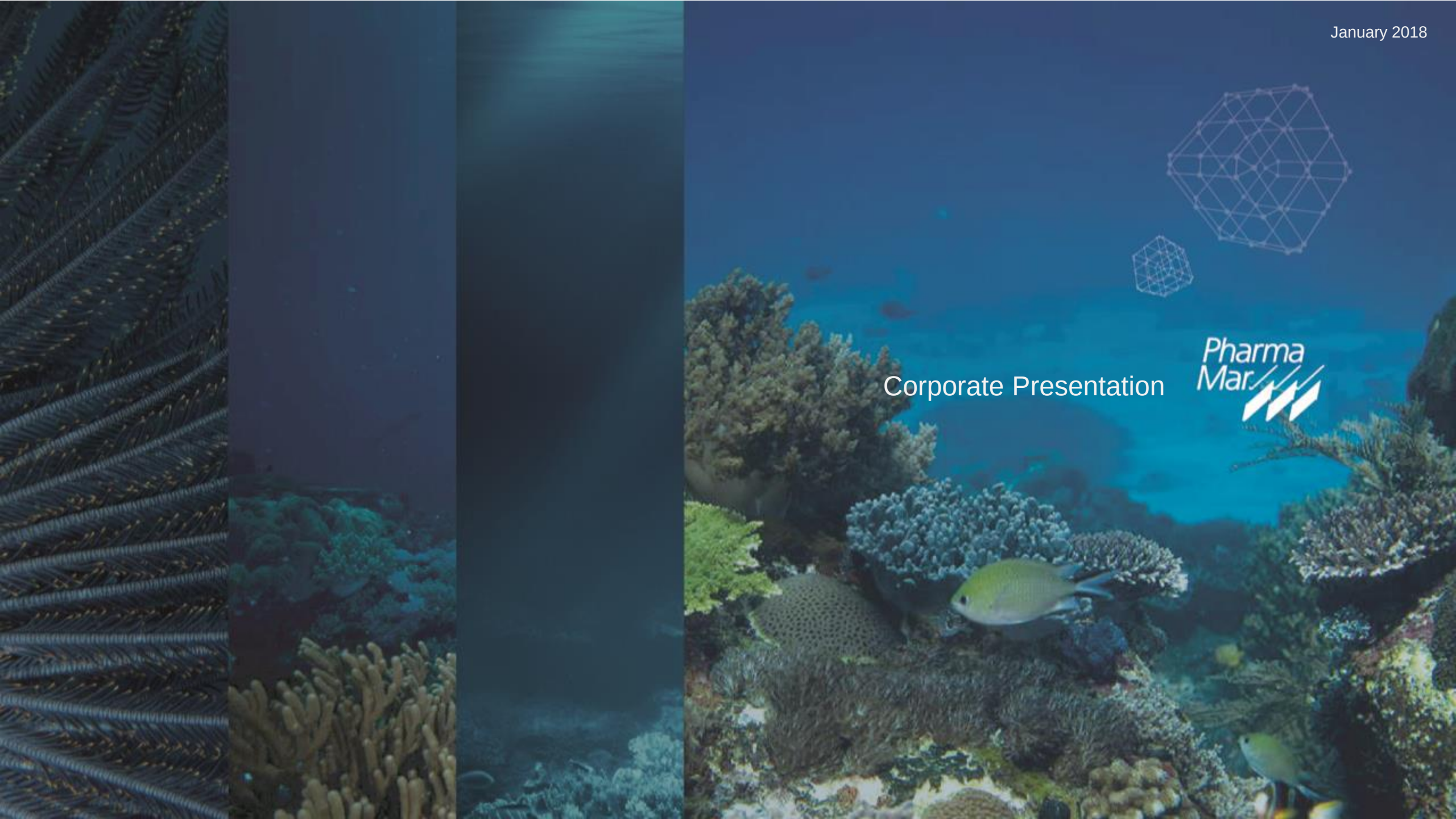
Comisión Nacional del Mercado de Valores
Att. Director del Área de Mercados
C/Edison núm. 4
28006 Madrid

Colmenar Viejo (Madrid), a 9 de enero de 2018

De conformidad con lo previsto en el artículo 228 del Texto Refundido de la Ley de Mercado de Valores, por la presente se procede a comunicar el siguiente **HECHO RELEVANTE**:

"Se adjunta presentación corporativa en inglés que estará disponible también en la página web de la Compañía www.pharmamar.com."

January 2018



Corporate Presentation

Pharma Mar

Disclaimer_

This document includes only summary information and is not intended to be comprehensive. This document includes "forward-looking statements" that are based on Management's current expectations. Factors that could cause future results to differ materially from such expectations include, but are not limited to: the success of the Company's research strategy; the applicability of discoveries made therein; the difficulties inherent in the development of pharmaceuticals, including uncertainties as to the timing and results of preclinical studies; delayed achievements of milestones; reliance on collaborators; uncertainty as to whether the Company's potential products will succeed in entering human clinical trials and uncertainty as to the results of such trials; uncertainty as to whether adequate reimbursement for these products will exist from the government, private healthcare insurers and third-party payers; and the uncertainties as to the extent of future government regulation of the pharmaceutical business. Therefore those statements involve risks and uncertainties beyond the Company's control and actual results may differ materially from those stated by such forward-looking statements. The Company expressly disclaims any obligation to review or update any forward-looking statements, contained in this document to reflect any change in the assumptions, events or circumstances on which such forward-looking statements are based unless so required by applicable law.

INVESTMENT HIGHLIGHTS

Leader in development & commercialization of marine-inspired oncology drugs

Global integrated biotech developing marine-inspired and novel MoA oncology drugs.

- From discovery to commercialization.

Established oncology sales force in Europe.

- Strong partners in the US (Janssen), Japan (Taiho, Chugai) and Australia (STA).

Late stage development pipeline driving future value; 2 Phase IIIs, soon 4.

- **Zepsyre®** (lurbinectedin). First registrational data ~Q1 ‘18

Track record of operational excellence with a strong financial position.

- Revenue generating and robust cash flow.
- 2017 1H revenues ~€97mm (+~5% y/o/y).
- C. €585 market cap.
- ~€32m in cash and cash equivalents (3Q2017)
  Headquartered and traded in Madrid.

YONDELIS® - COMMERCIAL EXPANSION WORLDWIDE

PHM Territories /

- WESTERN EU.
- Scandinavia and Eastern EUROPE:
- Swedish Orphan Biovitrum Greece, Cyprus and Balkans: Genesis Pharma
- Sarcoma and ovarian cancer.

Partner Territories /

USA and rest of the world (exclud. EU): Janssen.

- Sarcoma

Partner Territories /

JAPAN / Taiho

- Sarcoma

PharmaMar Subsidiaries /

UNIQUE FULLY INTEGRATED PLATFORM

Discovery

- Marine inspired products.
- Global expeditions.

Development

- Molecule optimization.
- c.200,000 samples.
- Broad oncologic activity screening.

Chemical

- Patent protection. Synthesis.
- FDA approved production facility.

Clinical

- Pre-clinical trials.
- Clinical trials.
- Post marketing trials.

Commercial

- Oncology-focused sales force in Europe (~ 65 people).
- Geographic licensing & partnering with experienced companies.

Regulatory inspections passed from FDA, AEMPS, PMDA (US, Spain/EU, Japan)

THE PLAN FOR GROWTH

Potential to commercialize new oncology products in more indications

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TODAY

- ***1 marketed product***
- ***2 indications***

Yondelis®

- *Soft Tissue Sarcoma.*
- *R/R Ovarian Cancer.*

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IN THE NEAR FUTURE

- ***2 marketed products***
- ***≥ 4 indications***

Zepsyre® (PM1183)

- *Platinum resistant ovarian cancer.*
- *Small Cell Lung cancer.*
- *BRCA 2 Breast cancer.*
- *Endometrial cancer.*

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FURTHER IN THE FUTURE

PM184
PM14

- *3 clinical products.*
- *Multiple indications.*

PORTFOLIO OF ONCOLOGY CANDIDATES

	Clinical Program / Indication		Phase I	Phase II	Phase III	Market	Partner	Data timing
Yondelis®	Soft Tissue Sarcoma 2nd/3rd line	Single agent	EU, US, Japan				J&J (US) Taiho (Japan)	
	Ovarian Cancer 2nd/3rd line	Yondelis®+Doxil	EU/Others					
Zepsyre® Lurbinectedin	Plat. Resistant ovarian cancer	Single agent	Global				Chugai (Japan)	Early 18
	SCLC Relapsed	Zepsyre®+Doxo	Global				Chugai (Japan)	2019
	BRCA 1/2 Breast cancer	Single agent	Global				Chugai (Japan)	Finalizing protocol
	Endometrial Cancer 2nd line	Zepsyre®+Doxo	Global				Chugai (Japan)	Finalizing protocol
	Basket trial	Single agent	Global				Chugai (Japan)	Ongoing
PM184	Advanced Breast Cancer 3rd/4th line	Single agent	Global					Ongoing
	Solid tumors	Single agent and combinations	Global					Ongoing
PM14	Solid tumors	Single agent and combinations	Global					Ongoing

MoA- ZEPSYRE® (Lurbinectedin)

Targeted transcription Inhibitor as a cancer therapeutic

Zepsyre only affects activated transcription. Does not affect basal transcription*

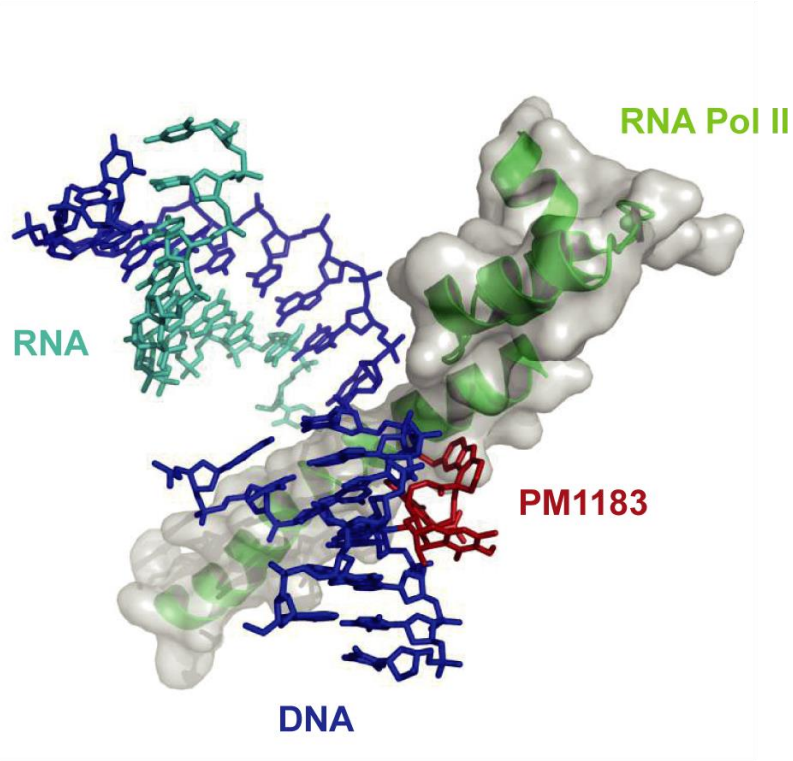
Generates double strand DNA breaks.

Some tumors are addicted to transcription (SCLC, Ovarian Cancer, etc...)

Effect on tumor microenvironment: Zepsyre inhibits the activated trans- cription of certain cytokines such as IL-6, IL-8, CCL2 and PTX3.

"Lurbinectedin...inhibits the transcription process through (i) its binding to CG-rich sequences, mainly located around promoters of protein-coding genes; (ii) the irreversible stalling of elongating RNA polymerase II (Pol II) on the DNA template and its specific degradation by the ubiquitin/protea- some machinery; and (iii) the generation of DNA breaks and subsequent apoptosis. The finding that inhibition of Pol II phosphorylation prevents its degradation and the formation of DNA breaks after drug treatment under- scores the connection between transcription elongation and DNA repair. "

Santamaria et al, Mol Cancer Ther. 2016 Oct;15(10):2399-2412.

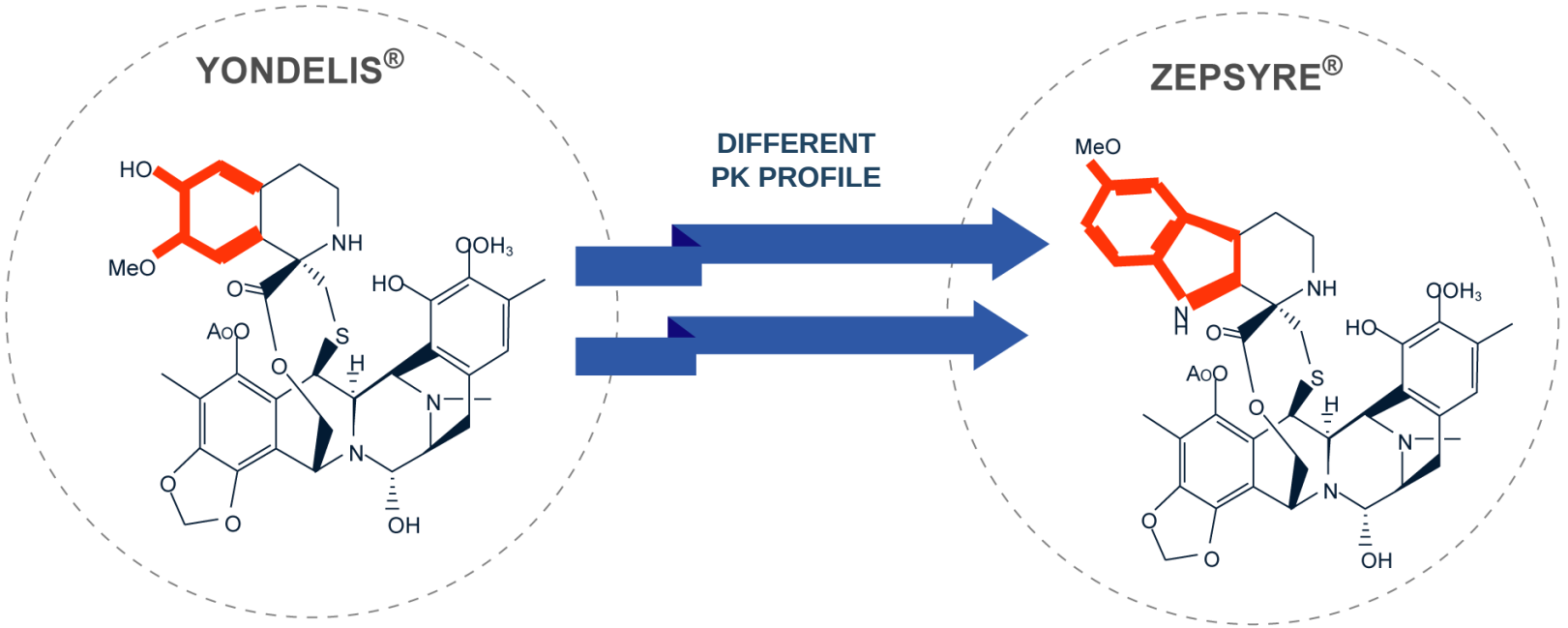


*Source Molecular cancer Therapeutics 2016 Oct;15(10):2399-2412.

ZEPSYRE ® (Lurbinectedin)

Key oncology compound– accelerating growth

Zepsyre, a second generation Yondelis®, with improved PK, absorption and other attributes.



- Zepsyre is administered as a 1h peripheral infusion versus 24h continuous central catheter infusion with Yondelis®.
- Zepsyre linear PK profile.

- 4x tolerated dose.
- 15x exposure at RD.
- Better therapeutic window.
- Oncology “office practice” friendly.

PIPELINE- ZEPSYRE® (Lurbinectedin)

Development strategy

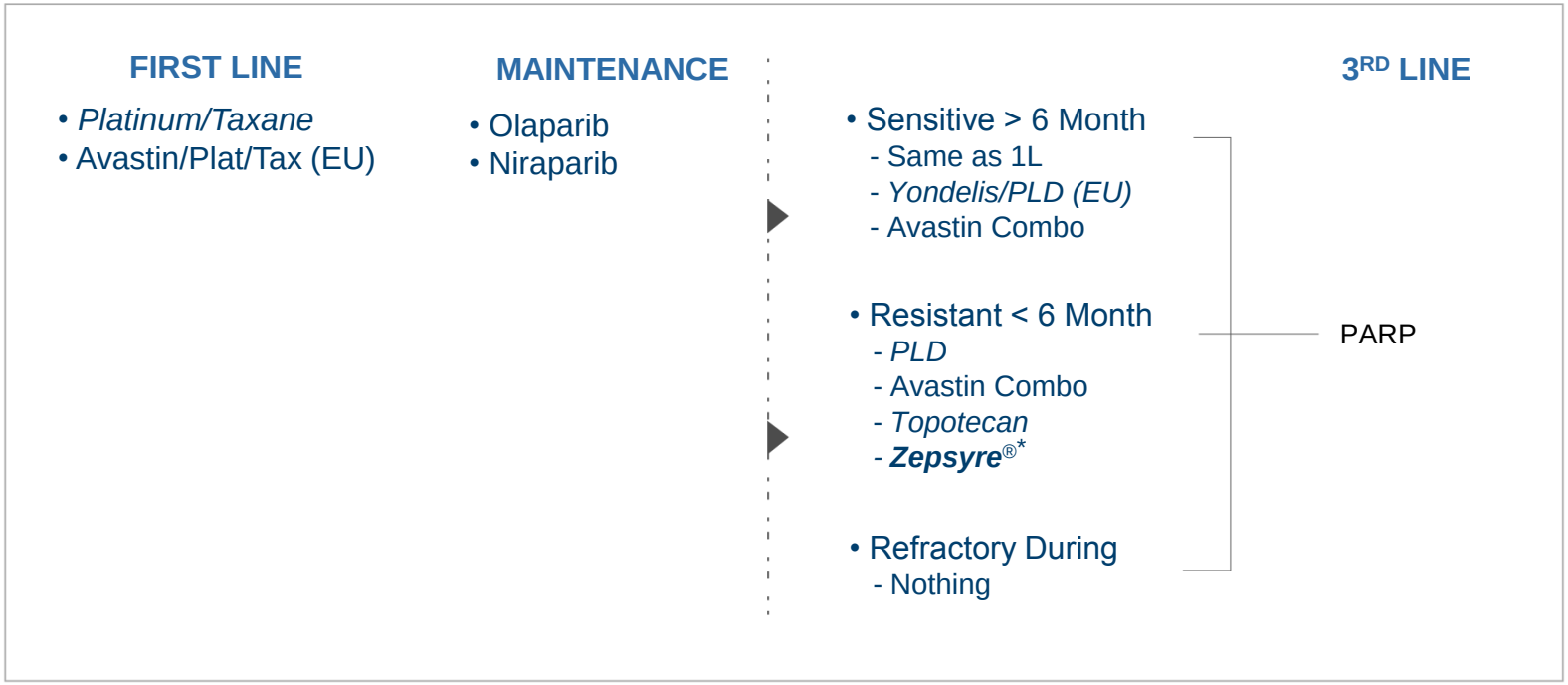
CLINICAL PROGRAM/ INDICATION		PHASE I	PHASE II	PHASE III	MARKET	DATA TIMING
ZEPSYRE®						
Plat. Resistant ovarian cancer	Single agent					Early 2018
SCLC Relapsed	Combo Doxorubicin					Data ~mid´19
BRCA 1/2 Breast cancer* 2nd /3rd line	Single agent					Starting 1H´18
Endometrial* 2nd line	Combo Doxorubicin					Starting 1H´18
Basket trial	Single agent					Ongoing
Combination Studies	Solid Tumors					Ongoing

*Subject to finalization 1H´18

ZEPSYRE®: PLATINUM RESISTANT OVARIAN CANCER

Market overview: Orphan Indication US/EU [1]

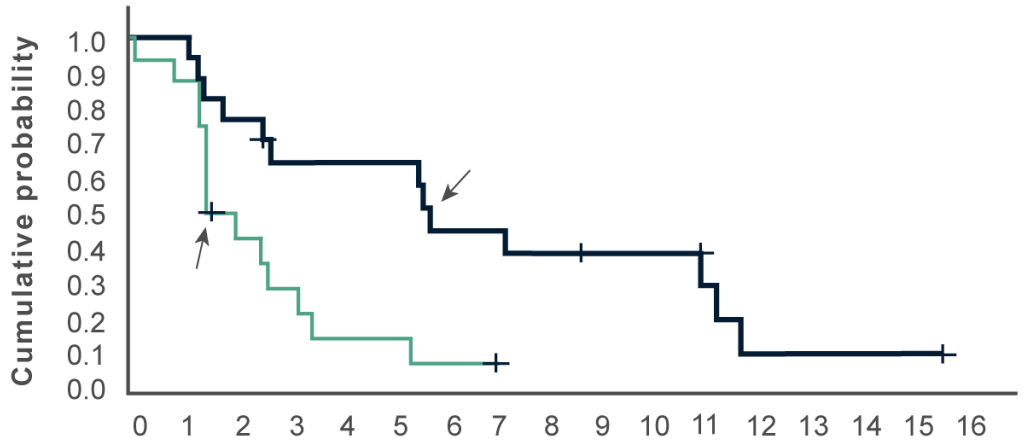
- ~ 250,000 WW new cases of ovarian cancer.
- ~ 150,000 WW deaths from ovarian cancer.
- Platinum resistant patients account for ~15% of ovarian cancer.
- 80% relapse after first platinum.



1 **Source**: Estimated ovarian cancer incidence and mortality, all ages. GLOBOCAN 2012 and PharmaMar market research studies
*Investigational drug-not approved in any jurisdictions
Italics = DNA damaging agents

ZEPSYRE®: PHASE II PLATINUM RESISTANT OVARIAN CANCER

ASCO 2014



STAT SIG PFS

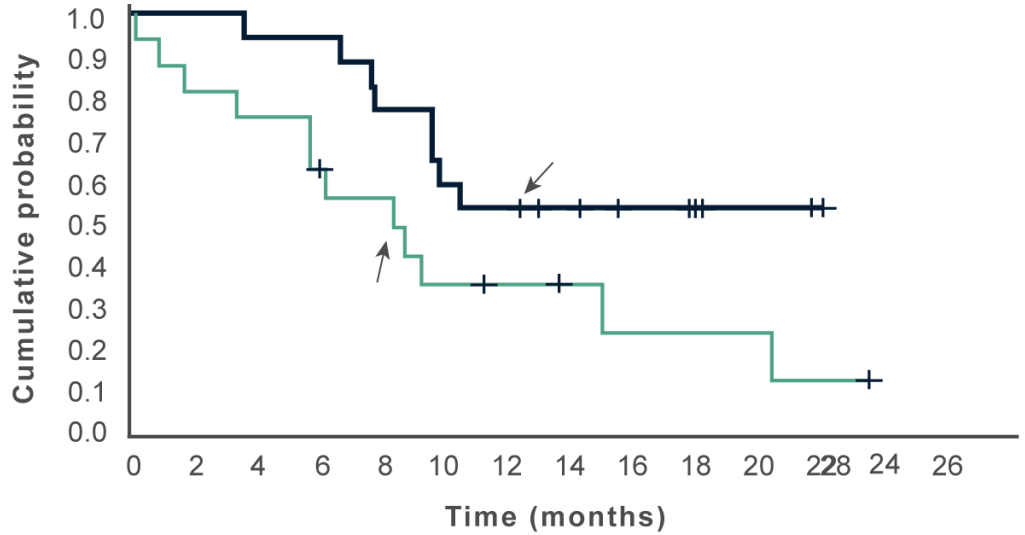
PM01183 (N=17 C=4)

Topotecan (N=16 C=2)

\+ Censored

HR: 0.30 (95%CI 0.12-0.72)

p=0.005*



STAT SIG OS

PM01183 (N=17 C=9)

Topotecan (N=16 C=4)

\+ Censored

HR: 0.40 (95%CI 0.16-0.99)

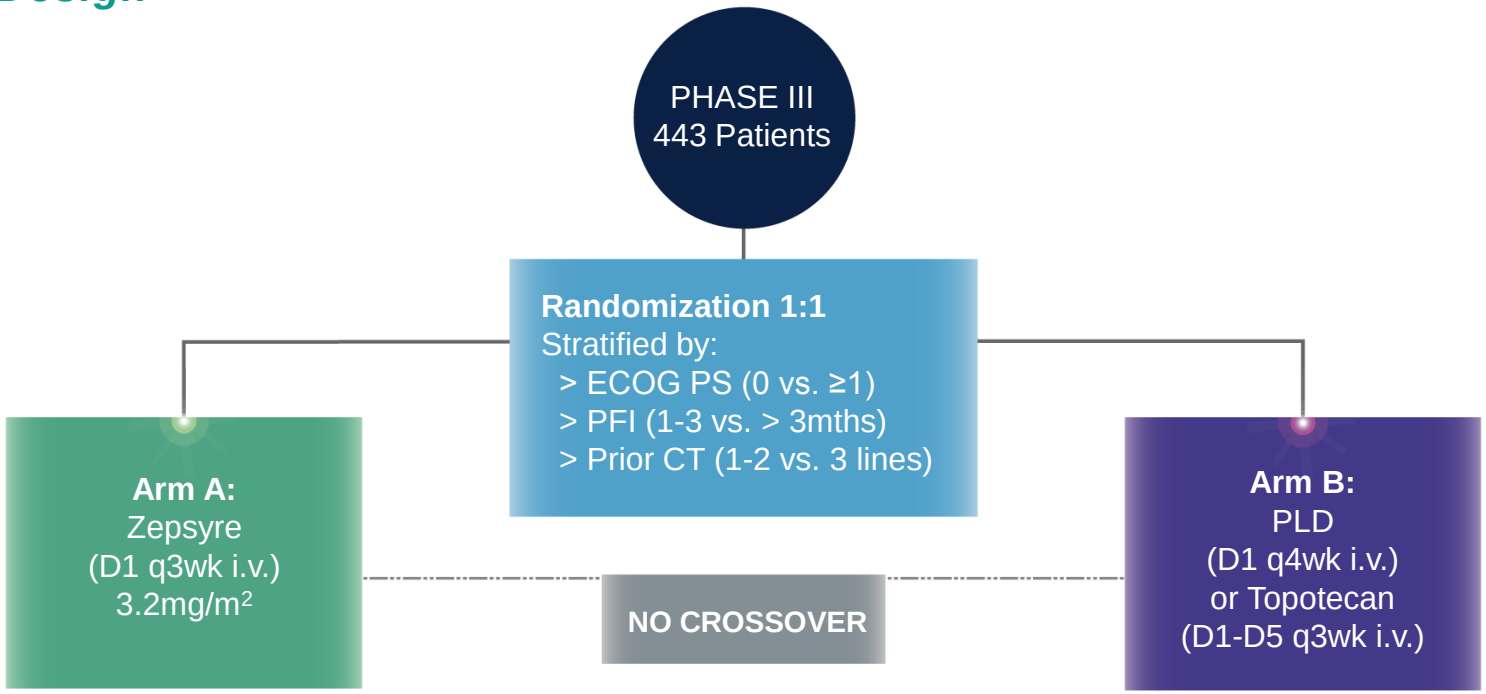
p=0.039*

*log-rank test

Source:ASCO 2014 Poveda et al.

ZEPSYRE®: PHASE II PLATINUM RESISTANT OVARIAN CANCER

CORAIL Trial Design



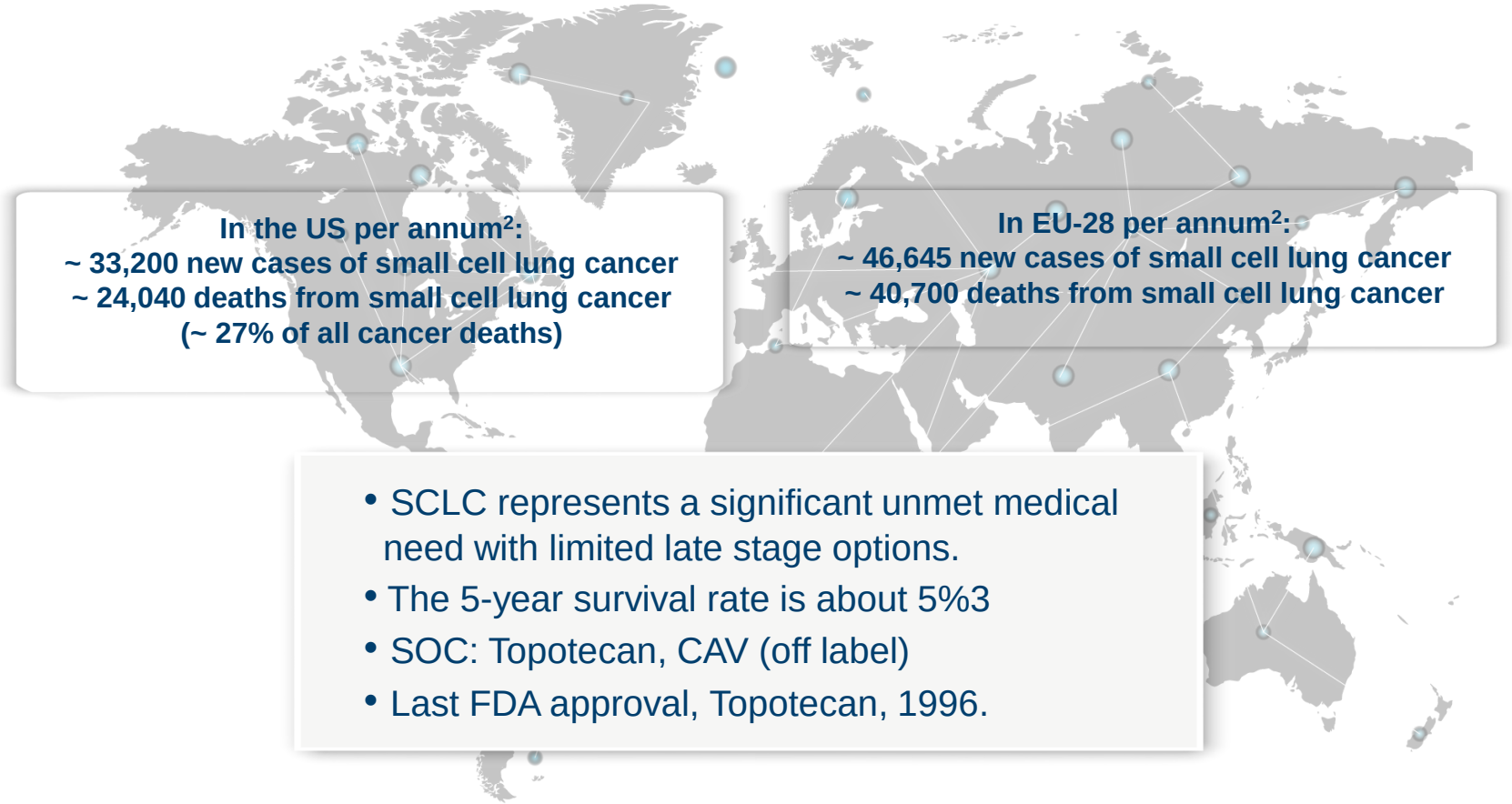
Primary Endpoint: PFS, 90% power for HR=0.7; p=0.025 (one-sided)

Interim safety analysis: passed @ 80 events
Interim analysis : @ 210 patients, July 2016

Patient recruitment completed: October 2016; Data expected Q1 '18

ZEPSYRE®: SMALL CELL LUNG CANCER (SCLC)

Market overview: Orphan Indication US/EU [1]



In the US per annum[2]:
~ 33,200 new cases of small cell lung cancer
~ 24,040 deaths from small cell lung cancer
(~ 27% of all cancer deaths)

In EU-28 per annum[2]:
~ 46,645 new cases of small cell lung cancer
~ 40,700 deaths from small cell lung cancer

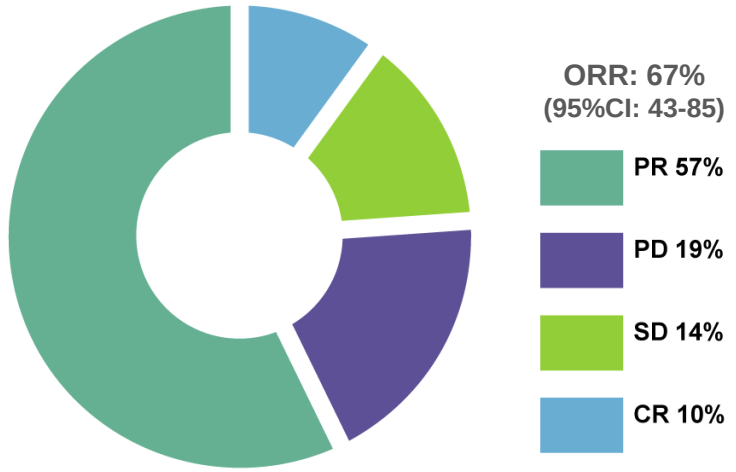
- SCLC represents a significant unmet medical need with limited late stage options.
- The 5-year survival rate is about 5%3
- SOC: Topotecan, CAV (off label)
- Last FDA approval, Topotecan, 1996.

Sources:
1 American Cancer Society, Decision Resources, Inc.
2 Triptych Health Partners held a Thoracic Oncology Strategic Advisory Board, June 2017
3 http://www.cancer.gov/types/lung/hp/small-cell-lung-treatment-pdq

ZEPSYRE®: PHASE I/III RELAPSED SMALL CELL LUNG CANCER

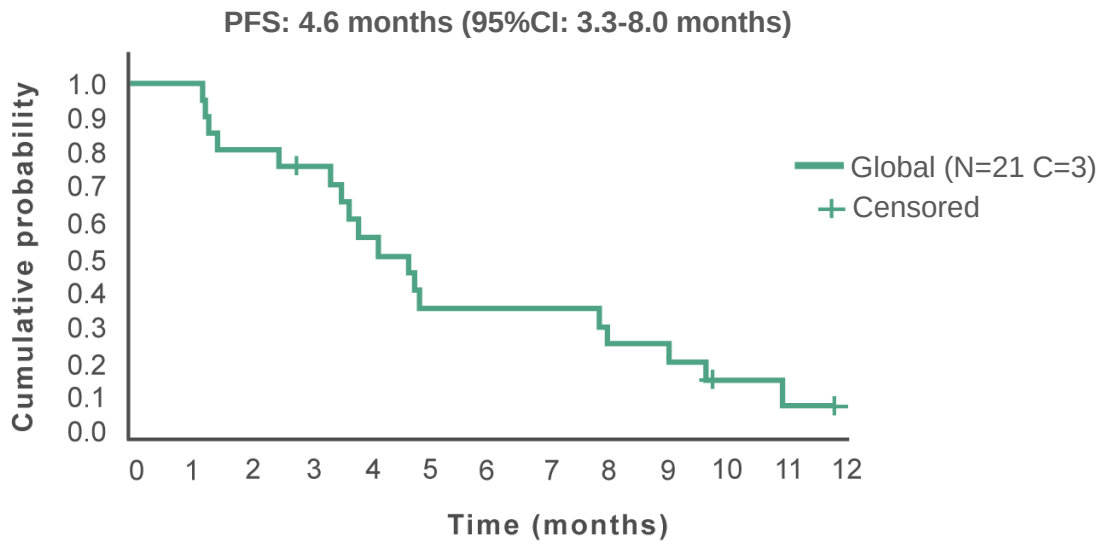
Cohort A: ASCO 2015 n=21

Best RECIST v.1.1 overall response
During treatment (n=21)



M. Forster et al. ASCO 2015

Kaplan-Meier global PFS and according to CTFI (n=21)



Other examples ORR in SSLC:

- CAV 19%
- Topotecan 24%
- Paclitaxel 29%
- Gemcitabine 12%
- Vinorelbine 12%

Source: Nature Reviews 2011;8;611-19 William N.Glisson.

PFS reported in registration Topotecan trial study:

- CAV: 2.8 months
- Topotecan 3 months

Source: J Clin Oncol, 1999, Von Pawel et al.

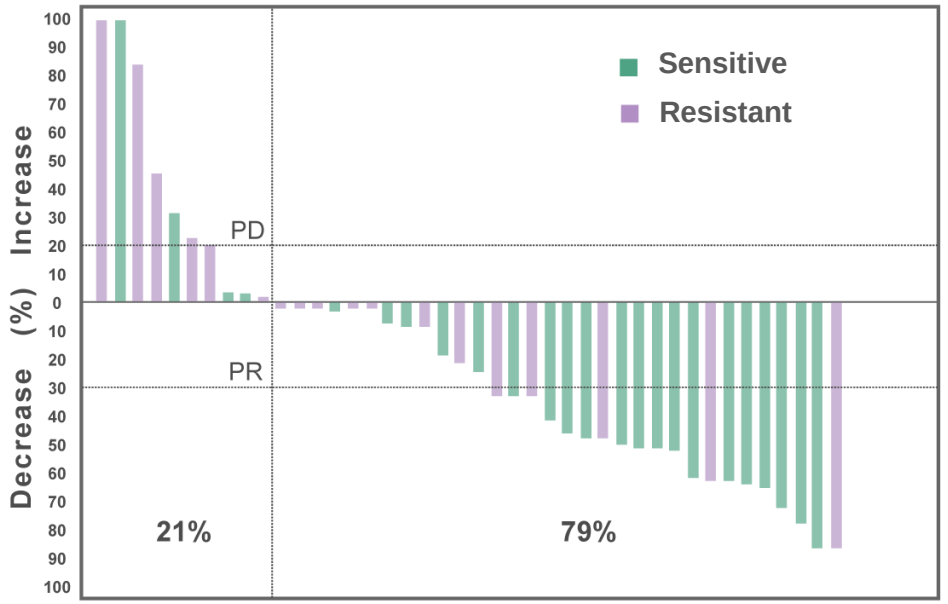
ZEPSYRE®: PHASE I/III 2ND LINE SMALL CELL LUNG CANCER

Cohort B: ESMO 2017; n=27

EFFICACY

RESPONSE EVALUABLE PATIENTS	Lurbinectedin +DOX (q3wk)		Lurbinectedin +TAX (q3wk)	Lurbinectedin single-agent (q3wk)
	Cohort A L 3-5 mg FD D1 + DOX 50 mg/m² D1 (n=21)	Cohort B L 2 mg/m² D1 + DOX 40 mg/m² D1 (n=27)	L 2 mg/m² D1 + TAX 80 mg/m² D1 & D8 (n=7)	L 3.2 mg/m² D1 (n=36)
CR	2 (10%)	1 (4%)	1 (4%)	-
PR	12 (57%)	9 (33%)	4 (57%)	13 (36%)
ORR	14 (67%)	10 (37%)	5 (71%)	13 (36%)
SD	3 (14%)	9 (33%)	-	14 (39%)
PD	4 (19%)	8 (30%)	2 (29%)	9 (25%)
DCR	17 (81%)	19 (70%)	5 (71%)	27 (75%)
DOR (mo)	4.5	5.2	2.3	6.2+
PFS (mo) CTFI >30d*	4.7	5.3	3.9	3.1+
CR	5.8	6.2	3.9	4.6+

1. Extrapolation from cohorts A & B for illustrative purposes only. Not presented at ESMO.



Combined Cohorts A&B[1]
N=48

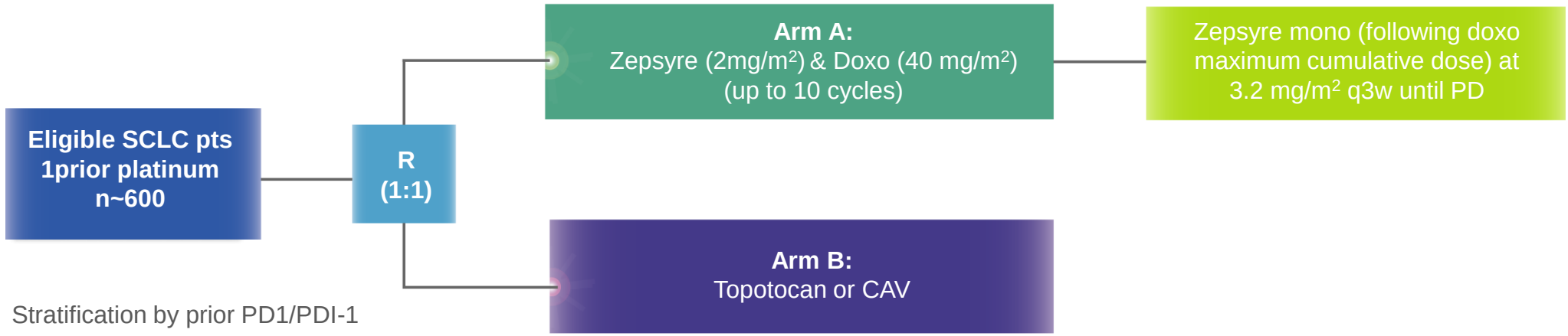
CR 6%
PR44%
ORR 50%
PFS 5.0m

Phase III regimen

ZEPSYRE®: PHASE III RELAPSED SMALL CELL LUNG CANCER

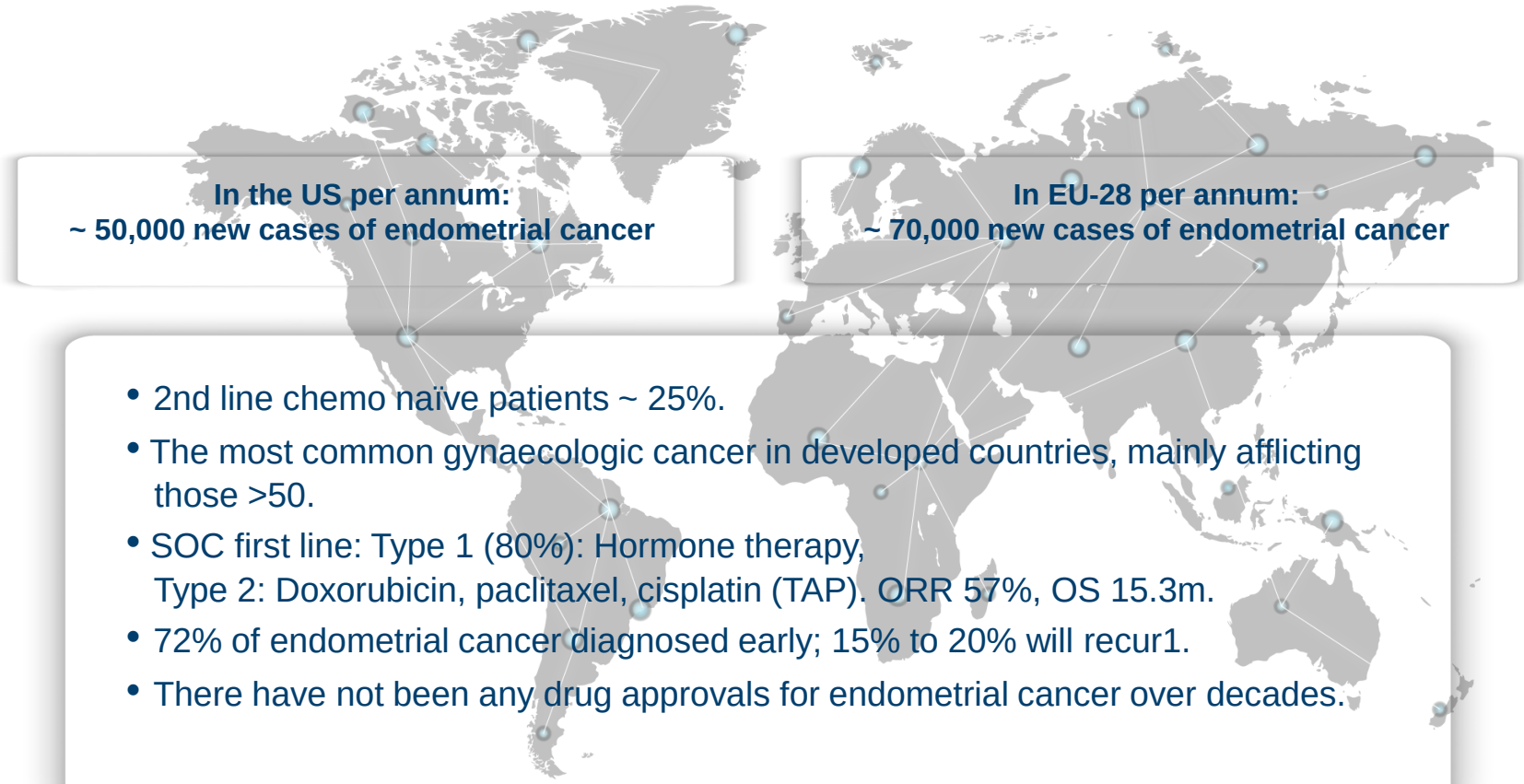
ATLANTIS Trial Design SCLC (Trial initiated August 2016); Anticipate data 2019

- **Primary endpoint: median PFS HR ≤ 0.7 in PFS with 90% power**
- **Key secondary endpoints:**
  - OS
- **Registration Strategy**
  - Futility analysis passed @n=150 after 2 cycles (NOV'17).
  - Trial supported by ongoing monotherapy trial (n=36 at ESMO 2017).
  - Trial greater than 50% enrolled (OCT'17).



ZEPSYRE®: 2ND LINE ENDOMETRIAL CANCER

Market overview[2]: Orphan Indication US/EU [1]



In the US per annum:
~ 50,000 new cases of endometrial cancer

In EU-28 per annum:
~ 70,000 new cases of endometrial cancer

- 2nd line chemo naïve patients ~ 25%.
- The most common gynaecologic cancer in developed countries, mainly afflicting those >50.
- SOC first line: Type 1 (80%): Hormone therapy,
  Type 2: Doxorubicin, paclitaxel, cisplatin (TAP). ORR 57%, OS 15.3m.
- 72% of endometrial cancer diagnosed early; 15% to 20% will recur1.
- There have not been any drug approvals for endometrial cancer over decades.

1 Systemic treatment of endometrial cancer: Are there any new agents in sight? Andres Poveda. 2017 Progress and controversies in Gynaecology Oncology Conference.
2 Source: Globocan 2012

ZEPSYRE®: PHASE Ib IN 2L ENDOMETRIAL CANCER

ASCO 2017 Abstract 5586

RESPONSE EVALUABLE PATIENTS	L+DOX (q3wk)		L+TAX (q3wk)	L alone (q3wk)
	Cohort A L 3-5 mg FD D1 + DOX 50 mg/m² D1 (n=14)	Cohort B L 2 mg/m² D1 + DOX 40 mg/m² D1 (n=18)	L 2,2 mg/m² D1 + TAX 80 mg/m² D1 & D8 (n=11)	L 3.2 mg/m² D1 (n=40)
CR	2 (14%)	-	-	1 (3%)
PR	2 (14%)	8 (44%)	3 (27%)	4 (10%)
ORR	4 (28%)	8 (44%)	3 (27%)	5 (12,5%)
SD	8 (57%)	7 (39%)	2 (18%)	15 (38%)
PD	2 (14%)	3 (16%)	6 (55%)	20 (50%)
DCR	9 (85%)	15 (83%)	5 (45%)	20 (50%)
DOR (mo)	19.5	6.8	6.1	4.3+
PFS (mo)	7.8	7.8	1.9	2.5+

CR, complete response;D, day;DCR, disease control rate; DOR, duration of response; DOX, doxorubicin; FD, flat dose; mo, months; ORR, overall response rate; PD, progressive disease; PFS, progression free survival; PM, PM1183, PR, partial response; q3wk, every 3 weeks; SD, stable disease; TAX, paclitaxel.

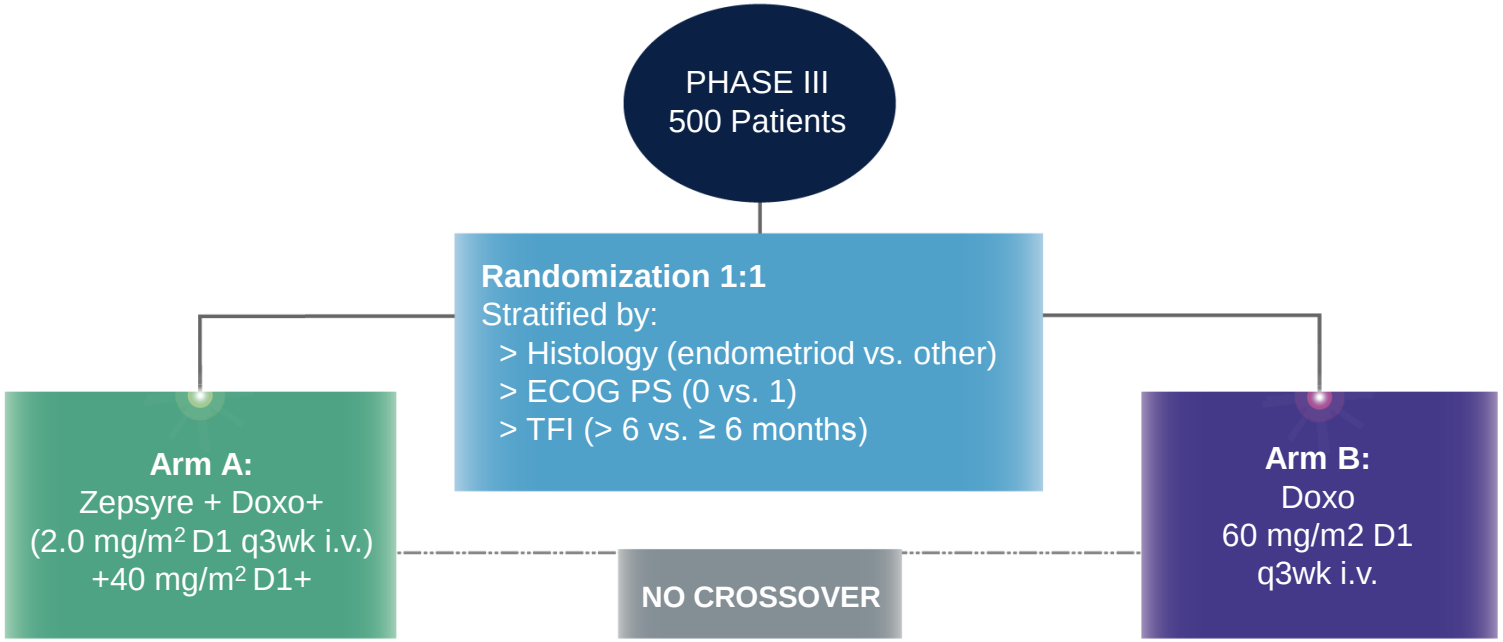
Phase III regimen

Combined Cohorts A&B
N=32[1]
CR 6%
PR 31%
ORR 38%
PFS 7.8m

1. Extrapolation from cohorts A & B for illustrative purposes only. Not presented at ASCO

ZEPSYRE®: PLANNED PHASE III 2ND LINE ENDOMETRIAL CANCER

Subject to finalization and changes. Planning to start in 1H 2018



Interim safety analysis (≃100 patients) IDMC

Primary endpoint: OS

*With prophylactic G-CFS

ZEPSYRE® _ PHASE IIB IN BRCA 1/2-BREAST CANCER

Best ORR in specific subpopulations

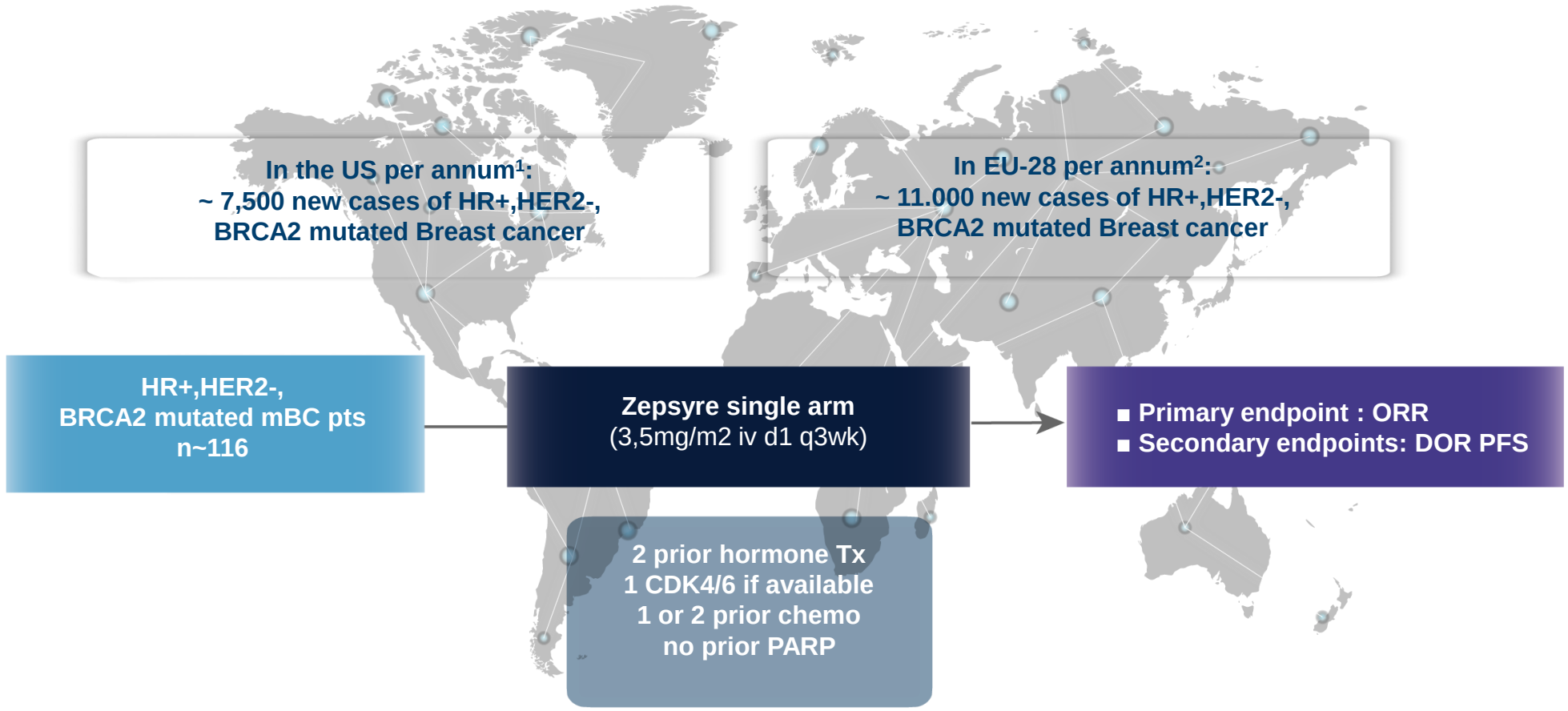
	Prior Platinum		BRCA			Hormone Status		Prior advanced CT lines	
	No (n: 27)	Yes (n: 27)	1 (n: 31)	2 (n: 23)	1/2 (n: 54)	Triple Negative (n: 33)	HR+ (n: 21*)	0-1 (n: 31)	2-3 (n: 23)
ORR (95% CI)	56% (35.3-55.6)	26% (11.1-25.9)	26% (11.9-25.8)	61% (38.5-60.9)	40.7% (27,6-55,0)	36% (13.3-27.3)	48% (38.4-81.9)	52% (33.1-69.9)	26% (10.2-48.4)
Duration of Response (95% CI)	10.2 m (3.0-13.5)	5.9 m (2.8-12.8)	6.6 m (2.8-12.8)	6.7 m (3.4-13.5)	6.7 m (3.0-13)	7.7 m (2.8-12.8)	6.7 m (2.8-13.4)	8.5 m (3.0-12.8)	3.4 m (2.8-20.5)
Disease control rate	25 (93%)	19 (70%)	23 (74%)	22 (96%)	45 (83%)	26 (79%)	19 (90%)	27 (87%)	18 (78%)
Clinical benefit (CR+PR+SD ≥ 3 mo)	19 (70%)	14 (52%)	14 (45%)	19 (83%)	33 (61%)	29 (88%)	14 (67%)	21 (68%)	12 (52%)

*Includes 2 pts also HER-2 +

Source: ESMO 2016

ZEPSYRE®:PLANNED REGISTRATIONAL TRIAL[2] BRCA 2M BREAST

Orphan Indication US/EU

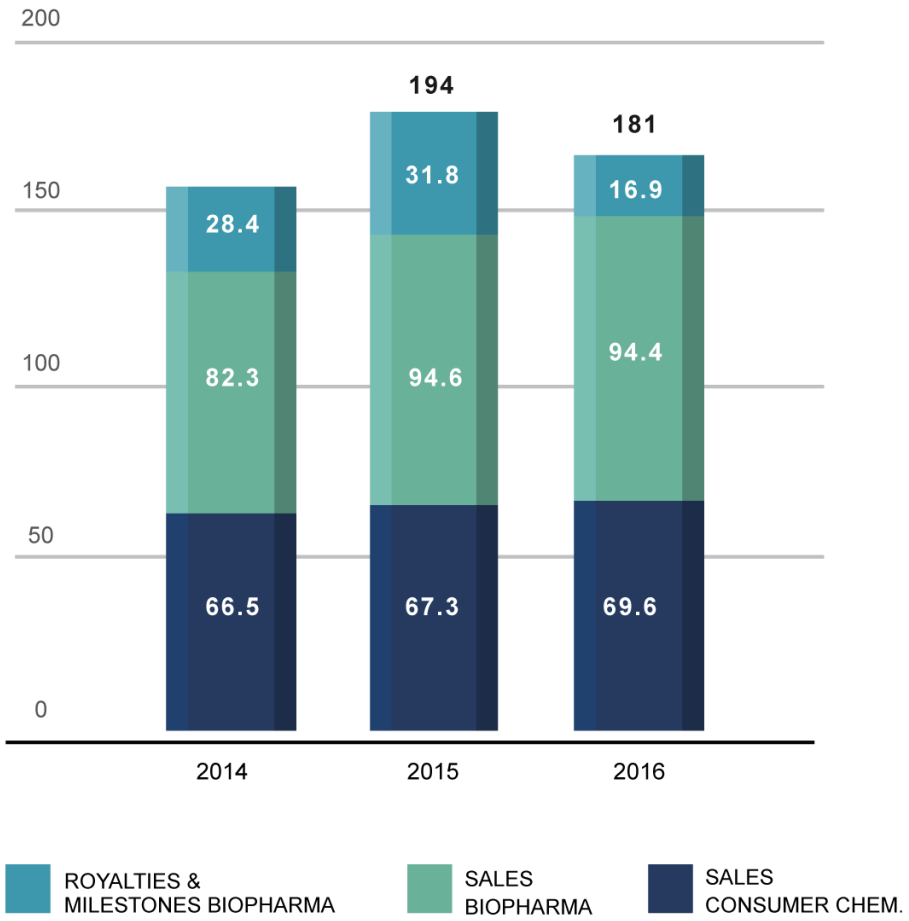


1.Source: US: seercancer.gov , EU28: Globocan2012, Oral poly(ADP-ribose) polymerase inhibitor olaparib in patients with BRCA1 or BRCA2 mutations and advanced breast cancer: a proof-of-concept trial. Andrew Tutt et al. Lancet 2010; 376: 235–44
2. Subject to finalization and changes

GROUP REVENUES AND R&D EXPENSES

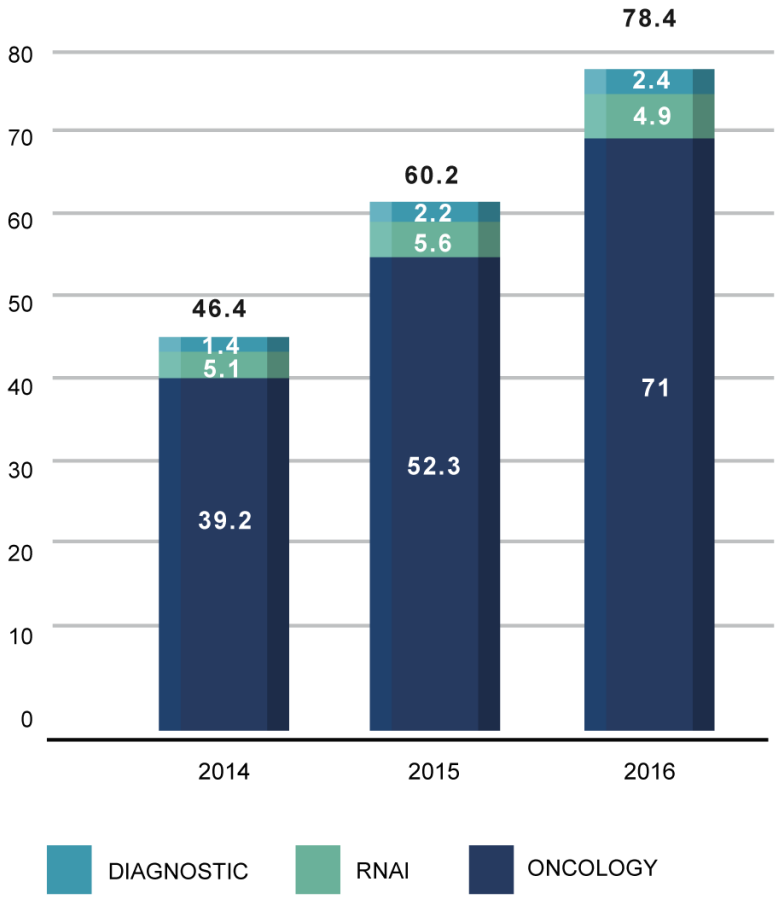
Revenues

€ millions



R&D

€ millions

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